## **INFORMATIONAL LETTER NO.1828-MC-FFS**

DATE: September 18, 2017

TO: Iowa Medicaid Physicians, Maternal Health Centers, Rural Health

> Clinics, Clinics, Family Planning, Screening Centers, Certified Nurse Midwife, Federal Qualified Health Centers (FQHC), Nurse Practitioners,

Infant and Toddler and Physician Assistants

**APPLIES TO:** Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

Third Party Liability for Prenatal Care and Preventive Pediatric RE:

**Preventive Services** 

**EFFECTIVE:** January 1, 2018

Pursuant to the cost avoidance exceptions found in Title 42 of the Code of Federal Regulations (CFR) 433.139, providers are not required to bill the third party prior to Medicaid FFS or MCOs for certain claims. These claims include prenatal care for a pregnant woman and preventive pediatric services, which include Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Through a collaborative effort between the IME, the MCOs, and the Iowa Department of Public Health (IDPH) a streamlined process for identification of claims for prenatal and preventive pediatric services has been developed.

The prenatal and preventive pediatric diagnosis codes can be found in the Centers for Medicare and Medicaid Services (CMS) guidelines outlined in the State Medicaid Manual Part 3 – Eligibility Transmittal 76<sup>1</sup>. Effective January 1, 2018, claims for prenatal and preventive pediatric services must include a prenatal or preventive pediatric diagnosis code listed in the manual. The diagnosis code must be in the primary diagnosis field on the claim to ensure that the claim does not require submission to a third party payor. Other diagnosis codes may be included in subsequent diagnosis code fields on the claim.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909. or email at IMEproviderservices@dhs.state.ia.us.